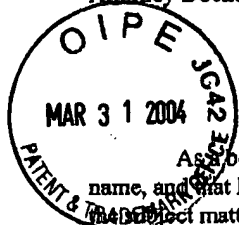


SHUMAKER &amp; SIEFFERT, P.A.

United States Patent Application

## COMBINED DECLARATION AND POWER OF ATTORNEY



As the below named inventor I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **DISTRIBUTED SYSTEM FOR NEUROSTIMULATION THERAPY PROGRAMMING**

The specification of which

- a. ☒ is attached hereto  
 b. ☐ was filed on as application serial no. and was amended on (if applicable) or  
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60/422,264	31 October 2002	
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I hereby appoint Practitioners at Customer Number 28863

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PATENT TRADEMARK OFFICE

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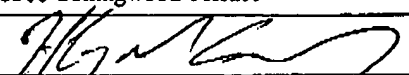
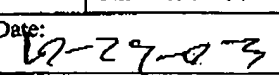
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SHUMAKER & SIEFFERT, P.A.  
8425 Seasons Parkway, Suite 105  
St. Paul, Minnesota 55125  
Telephone: 651.735.1100  
Facsimile: 651.735.1102

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Residence & Citizenship	City Silver Spring	State or Foreign Country Maryland	Country of Citizenship United States of America
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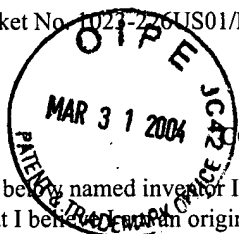
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SHUMAKER &amp; SIEFFERT, P.A.

## United States Patent Application



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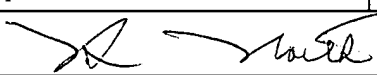
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